

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/124199L

FILING DATE

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	15	↔	↔	↔	↔	↔
TOTAL CLAIMS	19					